BOARD OF SUPERVISORS COUNTY OF MADISON						
PROPOSED SUPPLEMENTAL AI	PPROPRIATION					
DATE:	4/23/2	019		Type of Supplement		
	FY2019			х	Interdepartmental tr. Interfund transfer Revenue/Expense off Use of contingency Other use of fund bal	
PURPOSE:	To appropriate additional	contingency provision	CVRJ medical costs billed 4/9/20	119		
GL Account Reference	Account type	Fund Name	Department	Object Code/Source	Debit	Credit
10-09-91-91100-9200 10-03-33-33401-3111	EXP EXP	GF GF	Contingency CVRJ	Cont - operations Inmate medical expense	1,480.67	1,480.67
Amount for Board to vote on General Fund					1,480.67	1,480.67
Note: A debit charged to a budgeted charged to a budgeted revenue line	d expense line increases th	e appropriated expen ated revenue available	se; a credit charged to a budgeted	d expense line item decreases the	appropriated expens	se. A credit

FY2019 Proposed Supplemental Appropriation#33_04232019

Upon approval by the Board of Supervisors, the County Administrator shall forward a signed copy of the proposed supplemental

Jack Hobbs, County Administrator



Central Virginia Regional Jail

13021 James Madison Highway Orange, Virginia 22960 (540) 672-3222

DATE	INVOICE NO.
4/9/2019	MED04092019

BILL TO:

MADISON COUNTY

ATT: JACK HOBBS, COUNTY ADMINISTRATOR
PO BOX 705

		TERMS	
		Net 30 Days	
	DESCRIPTION	AMOUNT	
VIOUSLY BILLED		\$ 12,125.72	
Apr-19	HEAR T SURGERY - DOS 10/27	1,293.6	
Apr-19	CT SCAN - DOS 01/15/2019	187.0	
Mar-19	PAYMENT RECEIVED	-12,125.77	
TOTAL AMOUNT DUE		\$ 1,480.67	
	TOTAL AMOUNT DUE	\$ 1,	

10-09-91-91600-9200